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In a complex global funding environment for SRHR it has never been more important to ensure that these needs are actively addressed and included within national government UHC commitments and implementation plans.

Throughout 2019 there are several other key opportunities to ensure that governments, UN agencies and all development partners are sufficiently prioritising these issues. These include the follow-up and review of Agenda 2030 at the High Level Political Forum, the 25th anniversary of the International Conference on Population and Development (ICPD), and the launch of Global Action Plan for Healthy Lives and Well-being for All, taking place at the HLM.

WHY IS UNIVERSAL HEALTH COVERAGE IMPORTANT FOR SRHR NOW?

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Recommendations

AN INTEGRATED AGENDA

Health services should actively improve **alignment and coordination** within and between stakeholders across the health system to ensure integration.

There must be **strong integration** across UHC, SRHR and other areas in the SDGs, such as HIV. Follow-up and review processes should include a full range of SRHR services in SDG tracer indicators for UHC.

AVAILABILITY

A concerted effort must be made, even in the face of political resistance, to include the most ‘sensitive issues’ and the issues of marginalised groups, to **drive progress and availability for all**. This includes information on and equitable access to safe and legal abortion services and contraception.

ACCESSIBILITY

Investment in strong **primary health care and community systems**, as the first point of contact between people and the health care system is essential in meeting the needs of women and girls.

Inclusion of SRHR services and information should be in **accessible languages and youth friendly formats** within UHC programmes.

Expenditure related to SRHR, such as contraceptives may not reach the bar of causing catastrophic or improvising health expenditures but can still be **significant barriers to access** and so should be included within UHC programmes.

ACCEPTABILITY

Health services should provide non-stigmatising treatment, care and prevention services should be delivered based on the principle non-discrimination and treat services users with **dignity and respect** in order to create an enabling environment for specific groups to realise their SRHR.

It is vital to include interventions at the community level for the promotion of **gender equality**, to reduce stigma and discrimination on the grounds of gender identity or sexual orientation.

QUALITY

A comprehensive ‘continuum of care’ for sexual and reproductive health must be available to everyone throughout the life-cycle, recognising the specific needs and intersections of an individual’s identity.

**Comprehensive sexuality education** should be invested in as a key component in the prevention of poor health outcomes and addressing the social determinants of health. This should include information around STI and HIV prevention, tackling gender stereotypes and provision of scientifically accurate, realistic, non-judgmental information on voluntary family planning in and out of schools.

ACCOUNTABILITY

**Communities and civil society** should be proactively engaged in all aspects of research, design, implementation, monitoring and accountability mechanisms.

Health care professionals should be supported to understand key **human rights principles** and that services must be provided in a manner that is acceptable to the people who use them.

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2. Call to Action to the global community: Attaining universal health coverage through sexual and reproductive health and rights and HIV linkages, July 2018, WHO and UNFPA.

3. Including people living with HIV, unmarried women, young married women and girls, LBGT people, male and female sex workers, men who have sex with men, transgender people, people who use drugs and marginalised ethnic groups. (The * after trans is used hereafter to refer inclusively to all other gender identities, gender expressions, sexual orientations and sexual/bodily characteristics not listed under the preceding identities of lesbian, gay, bisexual and trans.)